



16711 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	480062001900
	First Inventor	POWERS et al.
	Title	CONNECTOR SYSTEM FOR A PROXIMALLY TRIMMABLE CATHETER
	Express Mail Label No.	EU 370492251 US

22858 U.S. PTO
10/803513

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>
3. <input checked="" type="checkbox"/> Specification <small>[Total Pages 27]</small> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total Sheets 16]</small>	b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper
5. Oath or Declaration <small>[Total Sheets 3]</small> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

ACCOMPANYING APPLICATION PARTS

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
<small>(when there is an assignee)</small> | |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | |
| 13. <input type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<small>(Should be specifically itemized)</small> | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<small>(if foreign priority is claimed)</small> | |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent. | |
| 17. <input checked="" type="checkbox"/> Other: Application Cover Page (1 page) | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number: 25224	OR	<input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Todd W. Wight	Registration No. (Attorney/Agent)	45,218
Signature		Date	March 18, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EU 370492251 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 18, 2004

Signature: (Linda J. Burleigh)

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2004</h2> <p style="text-align: center;"><i>Effective 10/01/2003, Patent fees are subject to annual revision.</i></p>		Complete if Known	
		Application Number	Not Yet Assigned
		Filing Date	Concurrently Herewith
		First Named Inventor	POWERS et al.
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	480062001900
TOTAL AMOUNT OF PAYMENT (\$) 1,774.00			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES																																																																																																																																																																																																																																															
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1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																																																																																																																																													
1204	86	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																																																																													
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SUBMITTED BY		(Complete if applicable)	
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Signature		Telephone	(949) 251-7189
		Date	March 18, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EU 370492251 US US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
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